Attorney Docket No.: 0180144

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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DEC 2 2 2004

In re Application of: Xiang, et al.

Serial No.: 10/643,461

Filed: August 18, 2003

For: Field Effect Transistor Having Increased Carrier Mobility

Examiner: Nguyen, Joseph H.

Art Unit: 2815

AMENDMENT AND RESPONSE TO NON-FINAL OFFICE ACTION

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the Non-Final Office Action dated October 21, 2004 in the above-referenced patent application. Please enter and consider the following amendments and remarks.



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www.farjami.com

DEC 2 2 2004

26522 La Alameda Avenue, Suite 360 Mission Viejo, California 92691 tel: (949) 282-1000

tel: (949) 282-1000 fax: (949) 282-1002

FACSIMILE TRANSMISSION COVER SHEET

Date: December 22, 2004

<u>To:</u> United States Patent and Trademark Office

Examiner: Nguyen, Joseph; Art Unit: 2815

Fax: (703) 872-9306

Re: Application Serial No.: 10/643,461

Filing Date: 8/18/2003; First-Named Inventor: Xiang

Attorney Docket No.: 0180144

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 18

Message:

Enclosed please find the Amendment and Response to the Non-Final Office Action dated October 21, 2004.

Thank you.

The documents accompanying this facsimile contain PRIVILEGED AND CONFIDENTIAL information intended only for use of the individual or entity named above. If you are not the intended recipient, disclosure, copying, distribution or use of the contents of this facsimile information is prohibited. If you have received this facsimile in error, please immediately notify us by telephone and return the original facsimile to us at the above address via U.S. Postal Service. We will reimburse you for all expenses incurred.

Attorney Docket No.: 0180144

AMENDMENT COVER SHEET

HONORABLE COMMISSIONER FOR PATENTS P.O. Box 1450, Alexandria, VA 22313-1450	IN RE APPLICATION OF: Xiang, et al.						
is hereby requested. ☑ No additional fee is required. ☐ The fee has been calculated as shown below: ☐ EXTENSION FEE RATE Non-Small Entity FEE FIRST MONTH AFTER TIME PERIOD SET SECOND MONTH AFTER TIME PERIOD SET 450.00 \$ 225.00 \$	SERIAL NO.: 10/643,461 FILED: August 18, 2003		** *** ·				
P.O. Box 1450, Alexandria, VA 22313-1450 Sir/Madam: Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested. ☑ No additional fee is required. ☐ The fee has been calculated as shown below: ☐ EXTENSION FEE RATE Non-Small Entity FEE FIRST MONTH AFTER TIME PERIOD SET 120.00 60.00 \$ SECOND MONTH AFTER TIME PERIOD SET 450.00 225.00 \$	FOR: Field Effect Transistor Having Increased Carrier Mobili	ty	***************************************				
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RATE Non-Small Entity RATE Small-Entity FEE FIRST MONTH AFTER TIME PERIOD SET 120.00 60.00 \$ SECOND MONTH AFTER TIME PERIOD SET 450.00 225.00 \$	☑ No additional fee is required.		•				
Non-Small Entity Small-Entity FEE FIRST MONTH AFTER TIME PERIOD SET 120.00 60.00 \$ SECOND MONTH AFTER TIME PERIOD SET 450.00 225.00 \$	☐ The fee has been calculated as shown below:						
SECOND MONTH AFTER TIME PERIOD SET 450.00 \$	10112						
	FIRST MONTH AFTER TIME PERIOD SET 120.00 60.00 \$						
THIRD MONTH AFTER TIME PERIOD SET 1,020.00 \$10.00 \$	SECOND MONTH AFTER TIME PERIOD SET 450.00 \$						
	THIRD MONTH AFTER TIME PERIOD SET 1,020.00 \$10.00 \$						
FOURTH MONTH AFTER TIME PERIOD SET 1,590.00 \$							

Ш	IOIALE	EXTENSION	FEE \$ 0.00
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☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	11	MINUS **20	*=0	x 50	x 25	\$
INDEPENDENT	3	MINUS ***3	*= 0	x 200	x 100	\$
First presentation of multiple dependent claim				+ 360	+ 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

** If the number of Total Claims previously paid for is less than 20, write "20" in this space.

*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

		Attorney Docket No.: 0180144
	Total fee for Supplemental Infor	nation Disclosure Statement \$
	Enclosed is the total fee of \$ 0.00	(Payment by Credit Card, Form PTO-2038 Enclosed).
	Please charge Deposit Account N	lo. 50-0731 in the amount of \$
×	The Commissioner is hereby author credit any overpayment to Dep	norized to charge payment of any additional fees associated with this communication, posit Account No. 50-0731. A duplicate copy of this sheet is enclosed.
Date: _	12/22/04	By: Michael Farjami, Reg. No. 38,135
Farjami 26522 L Mission Telephor	Farjami, Esq. & Farjami LLP a Alameda Ave., Suite 360 Vicjo, CA 92691 ne: (949) 282-1000 e: (949) 282-1002	CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 703-872-9306 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful. Date ONISTINA CAREC Name of Person Performing Facsimile Transmission
		CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:
		Date Signature
		Typed or Printed Name of Person Mailing Paper and/or Fee

Attorney Docket No.: 0180144

AMENDMENT COVER SHEET

DIDE ADDITION OF W					
IN RE APPLICATION OF: Xiang, et al.					
SERIAL NO.: 10/643,461 FILED: August 18, 2003					
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☑ No additional fee is required.					
☐ The fee has been calculated as shown below:					
□ EXTENSION FEE RATE Non-Small Entity RATE Small-Entity FEE					
FIRST MONTH AFTER TIME PERIOD SET 120.00 60.00 \$					
SECOND MONTH AFTER TIME PERIOD SET 450.00 225.00 \$					
THIRD MONTH AFTER TIME PERIOD SET 1,020.00 510.00 \$					
FOURTH MONTH AFTER TIME PERIOD SET 1,590.00 \$					

☐ TOTAL EXTENSION FEE \$ 0.00

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First presentation of multiple dependent claim				+ 360	+ 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

		Attorney Docket No.: 0180144
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	Please charge Deposit Account l	lo. 50-0731 in the amount of \$
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		CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on: Date Signature
		Typed or Printed Name of Person Mailing Paper and/or Fee